							<u> </u>		
AMENDMENT TRANSMITTAL LETTER							Docket No. 05986/100K520-US		
Application No. 10/627,355-Conf. #2328		Filing	Date		Examiner		Art Unit		
		July 24,	2003	P. D. Coughl		an	2129		
pplicant(s): Roc	dolfo R. Llinas e	et al.							
vention: NEUR	O-MIMETIC CO	ONTROL SYS	TEMS AND M	IETHO	DS				
		THE COMMI		-					
ransmitted here he fee has beer					lication.				
		CLAIM	S AS AMENI	DED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate					
Total Claims	35	- 20 =	15	X	25.00		375.00		
Independent Claims	5	- 4 =	1	x	100.00		100.00		
Multiple Depend	dent Claims (ch	eck if applicabl	e) ,						
Other fee (pleas	510.00								
TOTAL ADDIT		985.00							
Large Entity	,			_ x	Small Entity				
	al fee is require	d for this amer	ndment	ш	•				
	•	_							
	ge Deposit Acc copy of this she			n the ar	mount of \$		·		
	he amount of \$	•		the filir	ng fee is encl	osed.			
x Payment by									
	r is hereby auth					o. <u>04</u>	-0100		
as described	d below. A dup	licate copy of	this sheet is e	enclose	d.				
x Credit a	ny overpaymer	nt.							
x Charge a	any additional fil	ing or applicatio	n processing 1	ees rec	quired under 3	37 CFR 1.	16 and 1.17.		
() inst	1 2 16								
Rierre R. Yanne					Dated:	June 15	, 2007		
Attorney/Agent		418	•						
DARBY & DAR P.O. Box 770			•						
Church Street S New York, New (212) 527-7769	/ York 10008-0	770							

PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
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Effecti	ve on 12/08/2004.		Complete if Known										
Fees pursuant to the Consolida		ns Act, 2005 (H.R. 4818).	Application Num	nber '	10/627,355-Conf. #2328								
FEE TRA	Filing Date		July 24, 2003										
	First Named Inventor Rodolfo R. I			inas									
For	FY 2007		Examiner Name	F	P. D. Coughlan								
X Applicant claims sma	Art Unit	2	2129										
TOTAL AMOUNT OF PAY	/MENT (\$) 985.00	Attorney Docket	No.	05986/100K52	0-US1							
METHOD OF PAYMENT (check all that apply)													
Check X Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION													
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEES											
	FILING	FEES SE	ARCH FEES	EXAMIN	ATION FEES								
Application Type	Fee (\$)	<u>Small Entity</u> Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	aid (\$)						
Utility	300	150 500	250	200	100	10001	<u> </u>						
Design	200	100 100	50	130	65								
Plant	200	100 300	150	160	80								
Reissue	300	150 500	250	600	300								
			0	000	0	-							
Provisional	200	100 0	U	U	U								
2. EXCESS CLAIM FEES		Fee (\$)	Small Entity Fee (\$)										
Fee Description Each claim over 20 (include		50	25										
Each independent claim ov		200	100										
Multiple dependent claims		360	180										
Total Claims Extra	Paid (\$)	<u>Mu</u>	ıltiple Depende	nt Claims									
20 =	5.00 <u>Fee (\$)</u>			ee Paid (\$)								
HP = highest number of total cla	aims paid for, if gre	eater than 20.					_						
Indep. Claims			Paid (\$)										
54=			00.00										
HP = highest number of indeper	ndent claims paid t	for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 =													
		/50	_ (lound up to a wild	ne number)	^		 Daid (\$)						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)													
Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00													
SUBMITTED BY	undah	a) Uhm	Degistration No.										
Signature	Registration No. (Attorney/Agent)	<u>35,418</u>	Telephone	(212) 52	7-7769								
Name (Print/Type) Pierre R	. Yanney				Date	June 15	, 2007						